

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

10/524151

 PCT/PTO 11 FEB 2005
 For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

 Applicant's or agent's file reference
 (if desired) (12 characters maximum) WPP86436

Box No. I TITLE OF INVENTION	
ANTITUMORAL ANALOGS OF LAMELLARINS	
Box No. II APPLICANT <input type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Pharma Mar, S.A.U. Polígono Industrial La Mina Avda. de los Reyes, 1 Colmenar Viejo Madrid, E-28770, Spain	
Telephone No. Facsimile No. Teleprinter No. Applicant's registration No. with the Office	
State (that is, country) of nationality: ES	State (that is, country) of residence: ES
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Bailly, Christian Laboratoire de Pharmacologie Antitumorale du Centre Oscar Lambret IRCL Place de Verdun, Lille, 59045, France	
This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office	
State (that is, country) of nationality: FR	State (that is, country) of residence: FR
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Ruffles, Graham Keith Marks & Clerk 57-60 Lincoln's Inn Fields London WC2A 3LS United Kingdom	
Telephone No. 020 7400 3000 Facsimile No. 020 7404 4910 Teleprinter No. Agent's registration No. with the Office	
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Francesch Solloso, Andrés
Polígono Industrial La Mina
Avda. de los Reyes, 1
Colmenar Viejo
Madrid, E-28770, Spain

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
ES

State (that is, country) of residence:
ES

This person is applicant for the purposes of:

☐ all designated States

☐ all designated States except the United States of America

☒ the United States of America only

☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Mateo Urbano, Maria Cristina
Avda. de los Reyes, 1
Polígono Industrial La Mina-Norte
Colmenar Viejo
Madrid, 28770, Spain

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
ES

State (that is, country) of residence:
ES

This person is applicant for the purposes of:

☐ all designated States

☐ all designated States except the United States of America

☒ the United States of America only

☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Jiménez Guerrero, José Antonio
Avda. de los Reyes 1
Polígono Industrial La Mina-Norte
Colmenar Viejo
Madrid, 28770, Spain

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
ES

State (that is, country) of residence:
ES

This person is applicant for the purposes of:

☐ all designated States

☐ all designated States except the United States of America

☒ the United States of America only

☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Pastor Del Castillo, Alfredo
Avda. de los Reyes 1
Polígono Industrial La Mina-Norte
Colmenar Viejo
Madrid, 28770, Spain

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
ES

State (that is, country) of residence:
ES

This person is applicant for the purposes of:

☐ all designated States

☐ all designated States except the United States of America

☒ the United States of America only

☐ the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on another continuation sheet.

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)*If none of the following sub-boxes is used, this sheet should not be included in the request.*

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Cuevas Marchante, Carmen
 Polígono Industrial La Mina
 Avda. de los Reyes, 1
 Colmenar Viejo
 Madrid, E-28770, Spain

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
 ES

State (that is, country) of residence:
 ES

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Ruffles, Graham Keith
 57-60 Lincoln's Inn Fields
 London WC2A 3LS
 United Kingdom

This person is:

- ☒ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
 GB

State (that is, country) of residence:
 GB

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☒ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No. V DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

Regional Patent

- ☒ **AP ARIPO Patent:** GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line)
- ☒ **EA Eurasian Patent:** AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ **EP European Patent:** AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, HU Hungary, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, RO Romania, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ **OA OAPI Patent:** BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> AE United Arab Emirates | <input checked="" type="checkbox"/> HR Croatia | <input checked="" type="checkbox"/> OM Oman |
| <input checked="" type="checkbox"/> AG Antigua and Barbuda | <input checked="" type="checkbox"/> HU Hungary | <input checked="" type="checkbox"/> PG Papua New Guinea |
| <input checked="" type="checkbox"/> AL Albania | <input checked="" type="checkbox"/> ID Indonesia | <input checked="" type="checkbox"/> PH Philippines |
| <input checked="" type="checkbox"/> AM Armenia | <input checked="" type="checkbox"/> IL Israel | <input checked="" type="checkbox"/> PL Poland |
| <input checked="" type="checkbox"/> AT Austria | <input checked="" type="checkbox"/> IN India | <input checked="" type="checkbox"/> PT Portugal |
| <input checked="" type="checkbox"/> AU Australia | <input checked="" type="checkbox"/> IS Iceland | <input checked="" type="checkbox"/> RO Romania |
| <input checked="" type="checkbox"/> AZ Azerbaijan | <input checked="" type="checkbox"/> JP Japan | <input checked="" type="checkbox"/> RU Russian Federation |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina | <input checked="" type="checkbox"/> KE Kenya | |
| <input checked="" type="checkbox"/> BB Barbados | <input checked="" type="checkbox"/> KG Kyrgyzstan | <input checked="" type="checkbox"/> SC Seychelles |
| <input checked="" type="checkbox"/> BG Bulgaria | <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea | <input checked="" type="checkbox"/> SD Sudan |
| <input checked="" type="checkbox"/> BR Brazil | <input checked="" type="checkbox"/> KR Republic of Korea | <input checked="" type="checkbox"/> SE Sweden |
| <input checked="" type="checkbox"/> BY Belarus | <input checked="" type="checkbox"/> KZ Kazakhstan | <input checked="" type="checkbox"/> SG Singapore |
| <input checked="" type="checkbox"/> BZ Belize | <input checked="" type="checkbox"/> LC Saint Lucia | <input checked="" type="checkbox"/> SK Slovakia |
| <input checked="" type="checkbox"/> CA Canada | <input checked="" type="checkbox"/> LK Sri Lanka | <input checked="" type="checkbox"/> SL Sierra Leone |
| <input checked="" type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> LR Liberia | <input checked="" type="checkbox"/> SY Syrian Arab Republic |
| <input checked="" type="checkbox"/> CN China | <input checked="" type="checkbox"/> LS Lesotho | <input checked="" type="checkbox"/> TJ Tajikistan |
| <input checked="" type="checkbox"/> CO Colombia | <input checked="" type="checkbox"/> LT Lithuania | <input checked="" type="checkbox"/> TM Turkmenistan |
| <input checked="" type="checkbox"/> CR Costa Rica | <input checked="" type="checkbox"/> LU Luxembourg | <input checked="" type="checkbox"/> TN Tunisia |
| <input checked="" type="checkbox"/> CU Cuba | <input checked="" type="checkbox"/> LV Latvia | <input checked="" type="checkbox"/> TR Turkey |
| <input checked="" type="checkbox"/> CZ Czech Republic | <input checked="" type="checkbox"/> MA Morocco | <input checked="" type="checkbox"/> TT Trinidad and Tobago |
| <input checked="" type="checkbox"/> DE Germany | <input checked="" type="checkbox"/> MD Republic of Moldova | |
| <input checked="" type="checkbox"/> DK Denmark | | <input checked="" type="checkbox"/> TZ United Republic of Tanzania |
| <input checked="" type="checkbox"/> DM Dominica | <input checked="" type="checkbox"/> MG Madagascar | <input checked="" type="checkbox"/> UA Ukraine |
| <input checked="" type="checkbox"/> DZ Algeria | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input checked="" type="checkbox"/> UG Uganda |
| <input checked="" type="checkbox"/> EC Ecuador | <input checked="" type="checkbox"/> MN Mongolia | <input checked="" type="checkbox"/> US United States of America |
| <input checked="" type="checkbox"/> EE Estonia | <input checked="" type="checkbox"/> MW Malawi | |
| <input checked="" type="checkbox"/> ES Spain | <input checked="" type="checkbox"/> MX Mexico | <input checked="" type="checkbox"/> UZ Uzbekistan |
| <input checked="" type="checkbox"/> FI Finland | <input checked="" type="checkbox"/> MZ Mozambique | <input checked="" type="checkbox"/> VC Saint Vincent and the Grenadines |
| <input checked="" type="checkbox"/> GB United Kingdom | <input checked="" type="checkbox"/> NI Nicaragua | <input checked="" type="checkbox"/> VN Viet Nam |
| <input checked="" type="checkbox"/> GD Grenada | <input checked="" type="checkbox"/> NO Norway | <input checked="" type="checkbox"/> YU Serbia and Montenegro |
| <input checked="" type="checkbox"/> GE Georgia | <input checked="" type="checkbox"/> NZ New Zealand | <input checked="" type="checkbox"/> ZA South Africa |
| <input checked="" type="checkbox"/> GH Ghana | | <input checked="" type="checkbox"/> ZM Zambia |
| <input checked="" type="checkbox"/> GM Gambia | | <input checked="" type="checkbox"/> ZW Zimbabwe |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

☐ ☐ ☐

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

Supplemental Box

If the Supplemental Box is not used, this sheet should not be included in the request.

1. *If, in any of the Boxes, except Boxes Nos. VIII(i) to (v) for which a special continuation box is provided, the space is insufficient to furnish all the information: in such case, write "Continuation of Box No...." (indicate the number of the Box) and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient, in particular:*
 - (i) *if more than two persons are to be indicated as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below;*
 - (ii) *if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;*
 - (iii) *if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;*
 - (iv) *if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;*
 - (v) *if, in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," or "certificate of addition," or if, in Box No. V, the name of the United States of America is accompanied by an indication "continuation" or "continuation-in-part": in such case, write "Continuation of Box No. V" and the name of each State involved (or OAPI), and after the name of each such State (or OAPI), the number of the parent title or parent application and the date of grant of the parent title or filing of the parent application;*
 - (vi) *if, in Box No. VI, there are more than five earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.*
2. *If, with regard to the precautionary designation statement contained in Box No. V, the applicant wishes to exclude any State(s) from the scope of that statement: in such case, write "Designation(s) excluded from precautionary designation statement" and indicate the name or two-letter code of each State so excluded.*

Continuation of Box II
Ruffles, Graham Keith is co-applicant for SD (Sudan) only

**The
Patent
Office**

Patents Act 1997
Rules 6, 52, 119

**Request for a certificate of the
Comptroller or a certified or uncertified
copy from a file or the register**
(see the notes on the back of this form)

The Patent Office

Cardiff Road
Newport
Gwent NP9 1RH

-
1. Your reference
FC/WPP86436
-
2. Patent application or patent number(s)
(see notes (c) & (d))
0218816.7
-
3. Full name of the or of each patent applicant or
proprietor
(if known)
Pharma Mar, S.A.
-
4. What do you want a copy of? *(see note (f))*
A copy of the application as filed.
-
5. How many copies do you need?
1(one)
-
6. State the type of certificate you want
(See note (g)) and if it is needed to support
applications made outside the United
Kingdom, list the countries concerned
(see notes (j) & (k))
Certified copy of the specification/drawings as
originally filed with signature and seal.
-
7. Name address and postcode of the or each
person making the request
(see note (h))
-
8. Name, address and postcode of the or of each
person certificates or copies should be sent to
(if different from that given in part 6 above)
(see note (l))
Send to the International unit as priority
document for PCT application
-
9. Signature Date
13 August 2003
-
10. Name and daytime telephone number of
person to contact in the United Kingdom
S Fowell - 0207 400 3000

PATENT CO-OPERATION TREATY

GENERAL POWER OF ATTORNEY

(PCT Rule 90.5)

The undersigned person(s):

(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)

Pharma Mar, S.A.U.

hereby appoint(s)

LYNDON-STANFORD, Edward Willoughby Brooke
GIBSON, Christian John Robert
WHALLEY, Kevin
TUBBY, David George
GODWIN, Edgar James
ABLEWHITE, Alan James
RUFFLES, Graham Keith
SLATER, John Arthur
LUCKHURST, Anthony Henry William
LORD, Hilton David
MOUNTENEY, Simon James

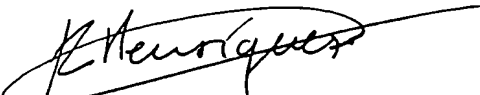
LAMB, Martin John Carstairs
ANDREWS, Timothy Stephen
GRANLEESE, Rhian Jane
FAIRBAIRN, Angus Chisholm
MIDGLEY, Jonathan Lee
COLLINS, John David
SMYTH, Gyles Darren
MARTIN, Philip John
DUNCAN, Garreth Andrew
OXLEY, Robin John George
CHISHOLM, Geoffrey David

of
Marks & Clerk
57-60 Lincoln's Inn Fields
London
WC2A 3LS
United Kingdom

as agent, to represent the undersigned before all the competent International Authorities in connection with any and all International patent applications filed by the undersigned with the United Kingdom Patent Office as receiving office and to receive payments on behalf of the undersigned.

Signature(s)

(where there are several persons, each of them must sign. Beneath each signature, indicate the name of the person signing and the capacity in which the person signs, if such capacity is not obvious from reading this power):



Director, Technology and Intellectual Property,

Ruben Henriquez Palaez

Date: 24 / Feb. / 03

Originally filed with PCT/GB03/00481
on 6 March 2003

PATENT CO-OPERATION TREATY

GENERAL POWER OF ATTORNEY

(PCT Rule 90.5)

The undersigned person(s):

(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)

Ruffles, Graham Keith
57-60 Lincoln's Inn Fields,
London WC2A 3LS,
United Kingdom

hereby appoint(s)

GOLDSMITH, Barry Sanders
LYNDON-STANFORD, Edward Willoughby Brooke
LAMB, John Baxter
FREED, Arthur Woolf
WHITE, Martin David
GIBSON, Christian John Robert
DEVONS, David Jon
WHALLEY, Kevin
TUBBY, David George
GODWIN, Edgar James
ABLEWHITE, Alan James
RUFFLES, Graham Keith

SLATER, John Arthur
LUCKHURST, Anthony Henry William
HACKETT, Sean James
HOLLIDAY, Frank
LORD, Hilton David
WALDREN, Robin Michael
SMITH, Gillian Ruth
MAURY, Richard Philip
MOUNTENEY, Simon James
LAMB, Martin John Carstairs
SUCKLING, Andrew Michael
ANDREWS, Timothy Stephen

of
Marks & Clerk
57-60 Lincoln's Inn Fields
London
WC2A 3LS
United Kingdom

as agent, to represent the undersigned before all the competent International Authorities in connection with any and all International patent applications filed by the undersigned with the United Kingdom Patent Office as receiving office and to receive payments on behalf of the undersigned.

Signature(s)

(where there are several persons, each of them must sign. Beneath each signature, indicate the name of the person signing and the capacity in which the person signs, if such capacity is not obvious from reading this power):


Ruffles, Graham Keith

Originally filed with PCT/GB96/00537
filed 8 March 1996.

Date: 15 April 1996